

**South Dakota
Department of Health**

WIC Program



**Annual Report
Federal Fiscal Year 2006**

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OVERVIEW OF THE WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC is a nutrition program for pregnant, postpartum, and breastfeeding women, infants, and children up to age five, who have been determined to be at nutritional risk, meet income eligibility and reside within South Dakota.

MISSION

WIC's mission is to promote and maintain the health and well-being of nutritionally at-risk women, infants and young children by providing comprehensive nutrition services including supplemental foods and nutrition education and access/referral to other health services. The Program serves as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health and nutrition problems including drugs and other harmful substance abuse, to improve pregnancy outcomes, to reduce infant mortality, and to improve the health status of all program participants.

HISTORY

The WIC Program began in 1972 in the U.S. when Congress found substantial numbers of pregnant, post-partum, and breastfeeding women, infants, and young children from families with inadequate income to be at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care or both. Since its inception, WIC has been envisioned to be a preventive program whose goal is to reduce and improve nutrition-related health problems.

The WIC Program is complementary to the Food Stamp Program, any program under which foods are distributed to needy families in lieu of food stamps; and receipt of food or meals from soup kitchens, or shelters, or other forms of emergency food assistance.

The first WIC services to be provided in South Dakota were in 1974. Currently there are 63 Local Agencies and 23 clinic sites throughout the state.

ADMINISTRATION/FUNDING

WIC is implemented and funded by the United States Department of Agriculture under Public Law 95-627, Child Nutrition Amendments of 1996 and P.L. 104-98, Section 17 of the Child Nutrition Act of 1966. Final regulations were issued in July 1988 with consolidation of WIC Regulations published in the Federal Register, Part 7 CFR 246, January 2002.

Funds for food and administrative costs are transferred from USDA, Food and Nutrition Service (FNS), to the State Agency, which in South Dakota is the State Department of Health, Health and Medical Services – WIC Program.

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program.

The South Dakota Department of Health, is the State Agency which administers the WIC Program. It has responsibility for all aspects of management, fiscal and operational requirements of the program in accordance with federal regulations and instructions.

THE PROGRAM PROVIDES

Selected food to supplement diets lacking in nutrients needed during the critical time of growth and development. Nutrition education and counseling to improve eating behaviors and to promote sound food buying habits. Access to preventive health and social programs and referral to health providers.

ELIGIBILITY

Women

Pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy)

Postpartum (up to six months after the birth of the infant or the end of the pregnancy:

Breastfeeding (up to the infant's first birthday)

Infants

Up to age one

Children

Up to the child's fifth birthday

Residential

Applicants must live in the State in which they apply. Applicants are not required to live in the State for a certain amount of time in order to meet the WIC residency requirement.

Income

Applicants must have income at or below 185% or be determined income – automatically eligible based on participation in certain programs.

Nutrition Risk

Applicants must be seen by a health professional who determines whether the individual is at nutrition risk. "Nutrition Risk" means that an individual has medical-based or dietary-based conditions. At a minimum the applicant's height and weight must be measured and blood work taken to check for anemia.

BENEFITS

WIC is considered to be one of the most successful of all public health programs. The benefits of WIC participation have been documented in numerous studies. Not only does WIC improve the health of mothers and babies, but also reduces health care costs. Some of the effects and national research findings of WIC have been:

- Every dollar invested in WIC for pregnant women, produces Medicaid savings for newborns and their mothers.
- Prenatal WIC participation reduces the likelihood of infant death and reduces Medicaid costs.
- WIC decreases the risk of low birth weight babies and reduces medical costs for very low birth weight births.
- WIC motivates women to seek prenatal care earlier in their pregnancies.
- WIC has had a major impact on reducing anemia among children.
- WIC significantly increases the head size of infants whose mothers received WIC foods during pregnancy.

- Children who participate in WIC appear to be better prepared for school, including having higher vocabulary test scores.
- Children who participate in WIC are better immunized.
- WIC has been recognized for reducing infant mortality in the U.S. and is relatively low cost to run.
- WIC has been recognized for its success in improving birth outcomes. It has been one of the most respected programs nationally in making a difference in the lives of people.

THREE-PART SERVICE DELIVERY

Nutrition Education and Counseling

Nutrition education and counseling is intended to foster long-term use of nutritious foods and encourage positive nutrition and health habits after participation in the program. Nutrition education is directed toward achieving positive changes in client knowledge, attitude and behavior about food consumption. It is designed for the participant to know the relevancy of the nutrition education received to the reason they are on WIC and nutritional risk criteria and to emphasize the relationship between proper nutrition and good health, to assist the participant in achieving a positive change in food habits, to promote breastfeeding and provide support to pregnant women and new mothers. Nutrition education is provided in the context of the participant's ethnic, cultural and geographic preferences and with consideration of educational limitations experienced by participants. Individual nutrition care plans are developed for each person. Participants are certified for 6 months or through pregnancy and scheduled for counseling appointments by a nutrition staff person during that period of time.

Supplemental Nutritious Foods

Foods are intended to supplement the foods normally purchased by participants through other means such as family income or benefits received from other programs. WIC authorized foods contain nutrients determined to be beneficial for the at-risk eligible persons and are high in protein, iron, calcium, vitamins A and C. Food packages are individually prescribed to participating persons. Food packages contain items such as cereal, juice, milk, cheese, eggs, peanut butter, dried beans/peas, infant formula and infant cereal juice. Certain breastfeeding women may also receive tuna and carrots. Participants come to the WIC Office monthly or every other month to pick up food checks or infant formula and receive nutrition education. Participants take the food checks to pre-approved local retail grocery stores and exchange the food checks for the foods listed specifically on the food checks. No cash is exchanged at the grocery store. In turn, the retailers are reimbursed by the State WIC Agency.

Linkages/Referrals

WIC often serves as the bridge that links participants to preventive health care and an entry point into the public and private health care system. WIC facilitates referrals, coordinates activities and links participants with services such as physician and other health care services, alcohol and drug abuse treatment, well-baby care, immunizations, family health, family planning and social services programs. Referral to these services is an important part of WIC. Immunizations are given to WIC participants on WIC clinic days. Recipients of Medicaid, Temporary Assistance to Needy Families, Food Stamp Program and others who meet WIC criteria automatically income qualify for WIC. WIC also gathers a wide variety of health data that can be shared with other health care providers with release by the participant.

WIC STATE PLAN

The State Agency annually submits a State Plan with goals and objectives that describe the manner in which the State Agency implements and operates all aspects of program operations, administration and service delivery. The WIC Policy and Procedure Manual is part of the State Plan requirements.

Suggestions for improvement in the methods of operation and for program is shared with WIC Program staff on a routine basis. Suggestions are submitted, in writing, to Regional Managers who assure suggestions are shared with the State Office. Good communication between local clinics, regional and supervisory staff, and the State Office is essential for efficient and effective operation of the program.

SOUTH DAKOTA STATE PLAN GOALS

Federal Fiscal Year (FFY) 2006

VENDOR MANAGEMENT

To detect, control and minimize improper retailer practices and improve program review of retailer practices.

NUTRITION SERVICES

To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants and special populations.

MANAGEMENT INFORMATION SERVICES

To ensure appropriate management information systems are in place for collection and reporting of data and program operations to satisfy federal reporting requirements, to improve the administration of the program at both the state and local level and to increase the operational efficiency of the program.

STAFFING AND ORGANIZATION

To assure a functional organization and adequate resources to carryout program operations and deliver services to the WIC population.

STATE OFFICE AND LOCAL AGENCY STAFF TRAINING

To ensure comprehensive training availability for all staff associated with the delivery of WIC services.

NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

To maintain integrity in the management of nutrition services and administrative (NSA) funds and allocation of WIC resources.

FOOD FUNDS MANAGEMENT

To maintain integrity of management of food funds within budget allotments and to enhance quality assurance and compliance of policies in the food delivery component through proper administration oversight and education to staff and participants and retailers.

CASELOAD MANAGEMENT

To ensure program benefits are provided to eligible persons most in need.

ELIGIBILITY/CERTIFICATION AND COORDINATION OF SERVICES

To assure determination of eligibility and provision of benefits are delivered efficiently, appropriately, and conveniently to the participant and to enhance coordination of activities with other health services.

PROGRAM ACCOMPLISHMENTS

Federal Fiscal Year 2006

In Fiscal Year 2006, served year to date totals of 229,370 participants, including 60,267 infants, 115,381 children and 53,722 women (pregnant, 25,643; breastfeeding, 10,655; postpartum, 17,424).

Served an average monthly caseload of 19,114 clients, including 5,022 infants, 9,615 children and 4,477 women (pregnant, 2,137; breast-feeding, 888; postpartum, 1,452).

Secured more than \$3.6 million in infant formula rebates that was used to purchase additional formula, food products and breast pumps. The company supplying the standard contract formula issues rebates when cans of contract formula are purchased at South Dakota stores authorized to accept WIC checks.

During FY2006 issued WIC checks totaling \$12 million which were used to purchase milk, cereal, juice, peanut butter, cheese, eggs, tuna, carrots, dried peas and beans, infant formula, infant cereal and infant juice.

Secured a grant from USDA Food and Nutrition Services for a Breast-feeding Peer Counseling Program to promote and support breast-feeding as the best food for a baby's first year of life. This past year we were able to add two additional programs in Mitchell and Yankton to the existing programs running in Brookings, Belle Fourche and Huron. We now have 4 Peer Counselors under contract to provide breast-feeding support services to approximately 100 pregnant and breastfeeding women at these sites.

WIC INCOME GUIDELINES

Federal Fiscal Year 2006

FAMILY SIZE	185% OF FEDERAL POVERTY LEVEL ANNUAL
1	\$18,130
2	\$24,420
3	\$30,710
4	\$37,000
5	\$43,290
6	\$49,580
7	\$55,870
8	\$62,160
9	\$68,450
10	\$74,740
11	\$81,030
12	\$87,320
13	\$93,610
14	\$99,900
15	\$106,190
Each addt'l member	\$ 6,290

WIC CLOSEOUT EXPENDITURES

WIC is 100% federally funded. There are several components to the funding allocations. The grant award is distributed to State Agencies according to an allocation formula based on population and participants served. The WIC grant award is in two categories:

1. Nutrition Services and Administration Funds (NSA)
2. Food Funds

Nutrition Services and Administration Funds

WIC must spend no less than 1/6 of the allocated NSA dollars on Nutrition related activities, such as purchase of materials, equipment, interpreter services, evaluating and monitoring of nutrition education, and training costs for staff to conduct nutrition education.

Annually the Regional Office determines a target amount of NSA funds that must be spent on breastfeeding promotion and support.

These funds are to be used for costs associated with the following:

- Delivery of services to the participants
- Breastfeeding promotion and support
- Nutrition education (development of nutrition materials, education to the participants)
- Training
- Program monitoring
- Program integrity (prevention of fraud, general oversight and food instrument accountability)
- Outreach
- Retail Monitoring
- Banking Services
- Management Information System development and maintenance costs

Food Funds

Funds may only be spent for foods provided to the WIC participants. Breastpumps and supplies for the pumps are considered food supplies and may be purchased with Food funds.

In South Dakota Rebate funds are used to purchase breastfeeding aids rather than food dollars.

Rebate Funds

South Dakota currently has an agreement with Mead Johnson for rebates on infant formula. These funds are used to supplement our Food funds received and to purchase breastpumps and aids.

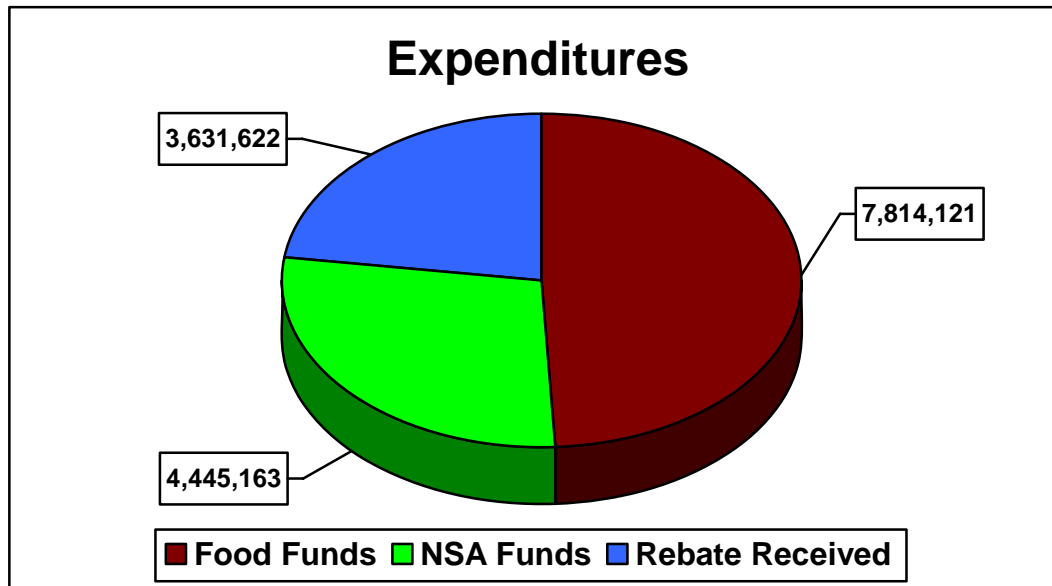
Discretionary Funds

The Regional Office keeps 10% of all NSA dollars at the Regional level on an annual basis. They use these funds to supplement the State WIC Programs that may have needs for additional funding. South Dakota has always requested and has received the fair share amount of these funds. When these funds are received they become part of the NSA grant award.

Reallocation Funds

Throughout the year the Regional Office asks each of the States to complete Reallocation Surveys. These surveys determine which states need additional funding and those States that may not be using the funds they have received. The funds that are collected from these reallocation surveys are then run through the allocation formula and redistributed to the States requesting additional funding to meet caseload needs.

SOUTH DAKOTA WIC EXPENDITURES Federal Fiscal Year 2006



Nutrition Services and Administration Funds (NSA): Participant Services, Nutrition Education, Breastfeeding Promotion and Support, Retailer Monitoring, Equipment and Supplies, Management Information Systems Development and Maintenance, WIC checks and Distribution, Staffing, General Administration.

Food Funds: WIC checks redeemed for food.

Rebate: Rebate from Mead Johnson Nutritionals formula sold to WIC participants, supplements food dollars and used to purchase breastpumps and breastfeeding aids.

NUTRITION EDUCATION

Nutrition Education is the most vital aspect of the WIC Program and the services provided to WIC Participants. This service is made available to all WIC participants at no cost. A minimum of two nutrition education contacts is made available to each participant during a certification period on at least two separate occasions.

Nutrition Education is tailored to meet the needs of the individual participant. It is thoroughly integrated into participant health care plans and used to tailor the supplemental foods offered to the participant to improve the health status of the participants and their families.

- WIC is a short-term intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors in a targeted, high-risk population.
- WIC provides a gateway to good health with its combination of nutrition education, supplemental nutritious foods, breastfeeding support and access/referral to health care.

Nutrition Education is designed to bear a practical relationship to the participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition Education is designed to achieve the following goals:

1. Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children under five (5) years of age.
2. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods.

BREASTFEEDING EDUCATION

The South Dakota WIC Program advocates breastfeeding as the ideal method of infant feeding during the first twelve months of life or as long as mutually agreeable between mother and child unless medically contraindicated. Breastmilk is considered the optimum food for infants under most circumstances.

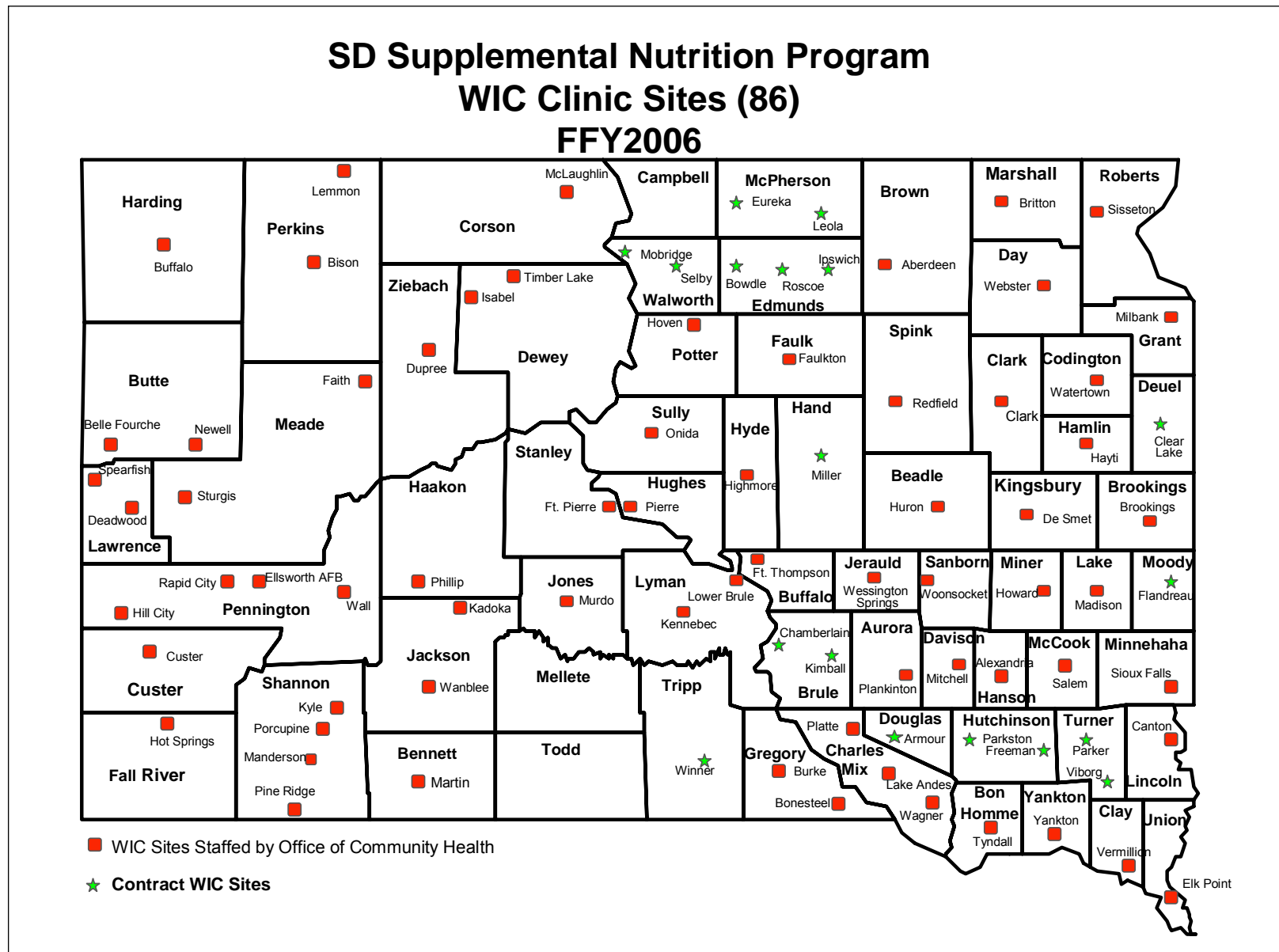
Breastfeeding is promoted in South Dakota in various ways including:

- Nutritional messages and Governors Proclamation during World Breastfeeding Week.
- Coordinated breastfeeding efforts with other service providers and organizations such as Cooperative Extension Services, hospitals, physicians, and other private and public healthcare agencies.
- Coordinate with and participate in activities of the South Dakota Breastfeeding Coalition.
- Provide breastfeeding educational materials to participants and the general public.

South Dakota has a Breastfeeding Peer Counseling Program that began in 2004. The State receives federal dollars designated for breastfeeding education and promotion. At the present time the Breastfeeding Peer Counseling Program is operating in 4 counties throughout the State. The counties include Beadle, Butte, Davison and Yankton.

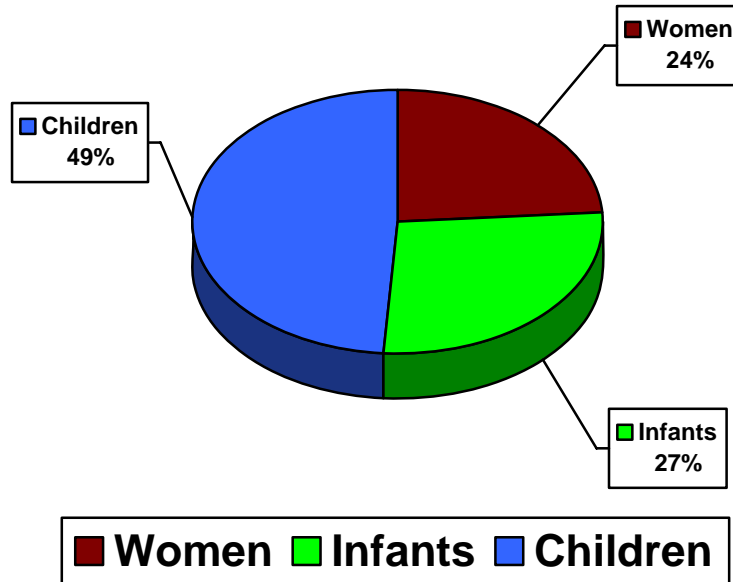
This program provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers through individual and group counseling. This program helps promote breastfeeding efforts through participation in community healthfairs, Breastfeeding Peer Counseling meetings and word of mouth.

The South Dakota Department, WIC Program operates 86 WIC clinic sites throughout South Dakota. Services are delivered to participants through Community Health Services offices and Public Health Alliance sites. The following map shows the location of the sites and designates which service delivery office staffs (state employees or public health alliance employees) the clinics.

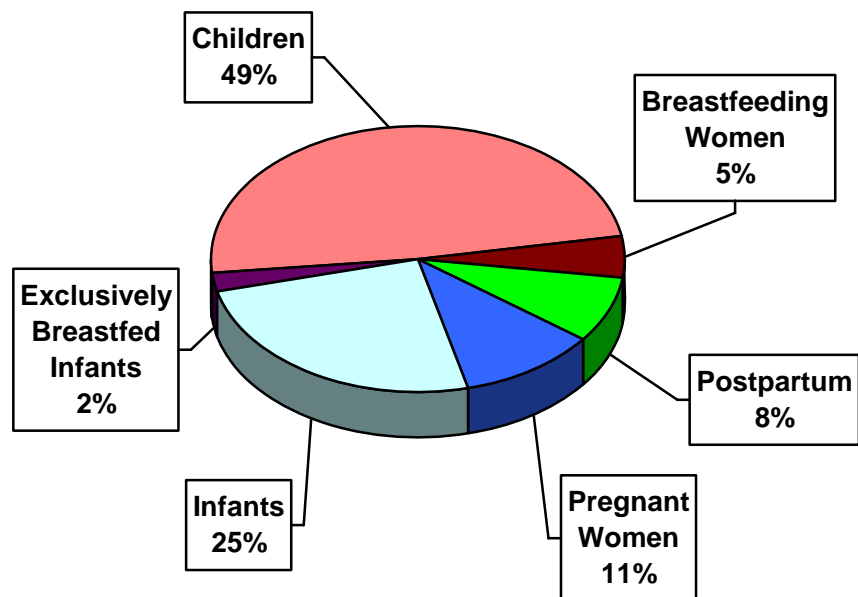


WIC Caseload Federal Fiscal Year 2006

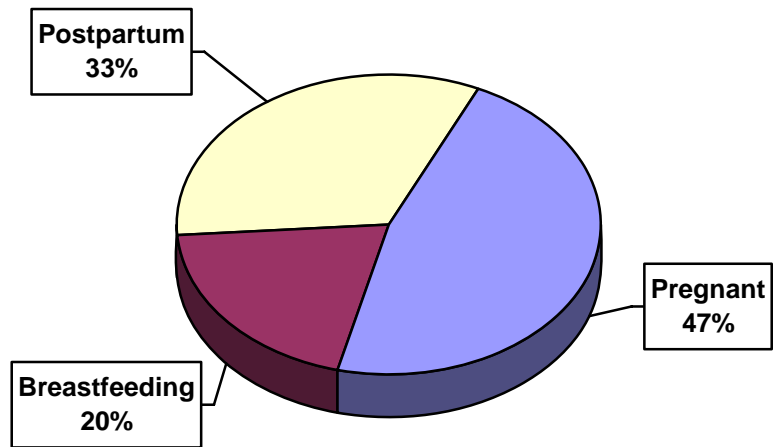
Participant Certification Categories FFY2006



Participant Certification Categories FFY2006

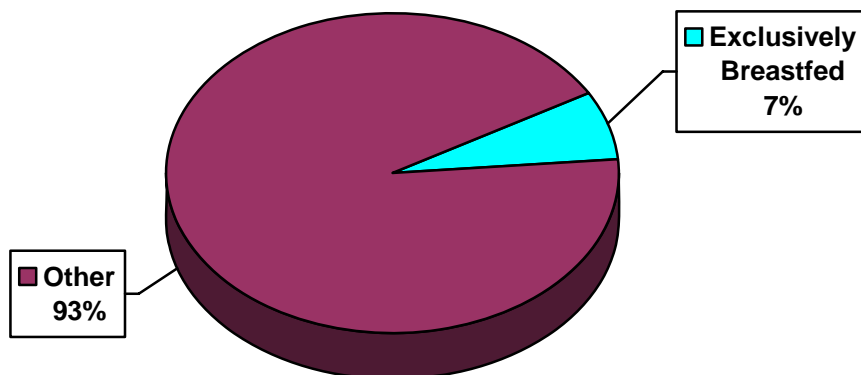


Characteristics of Women FFY2006



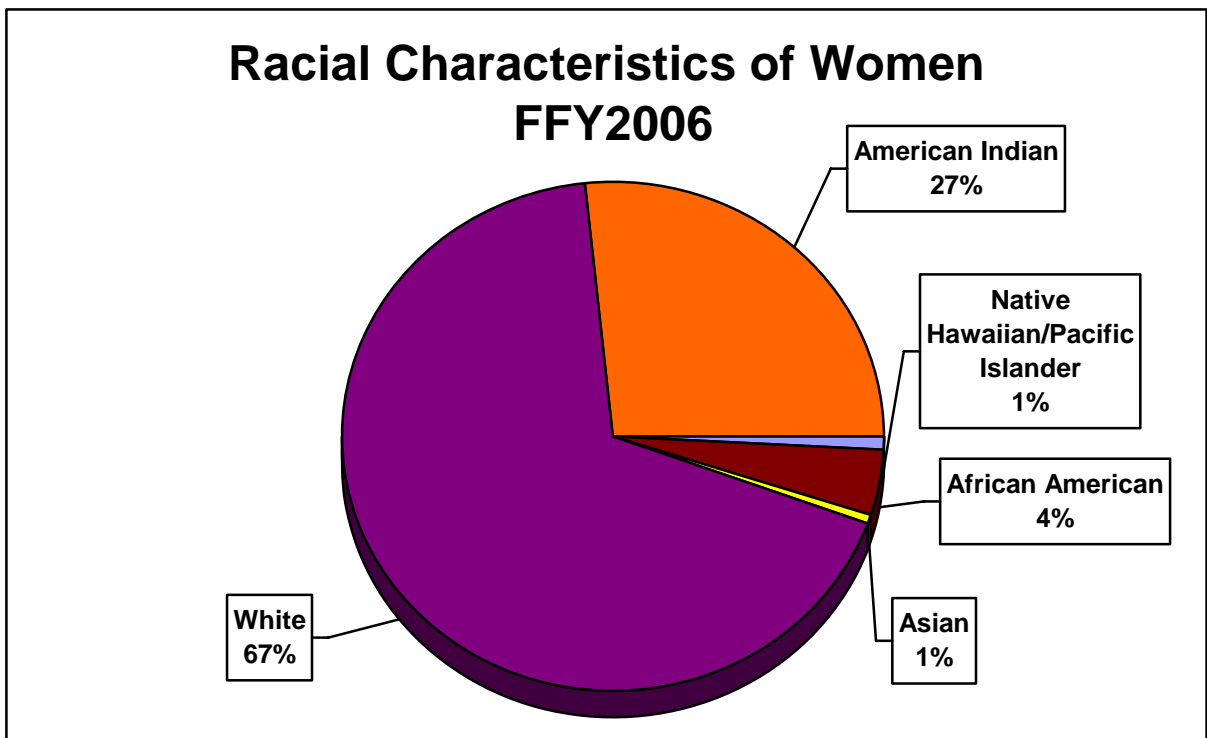
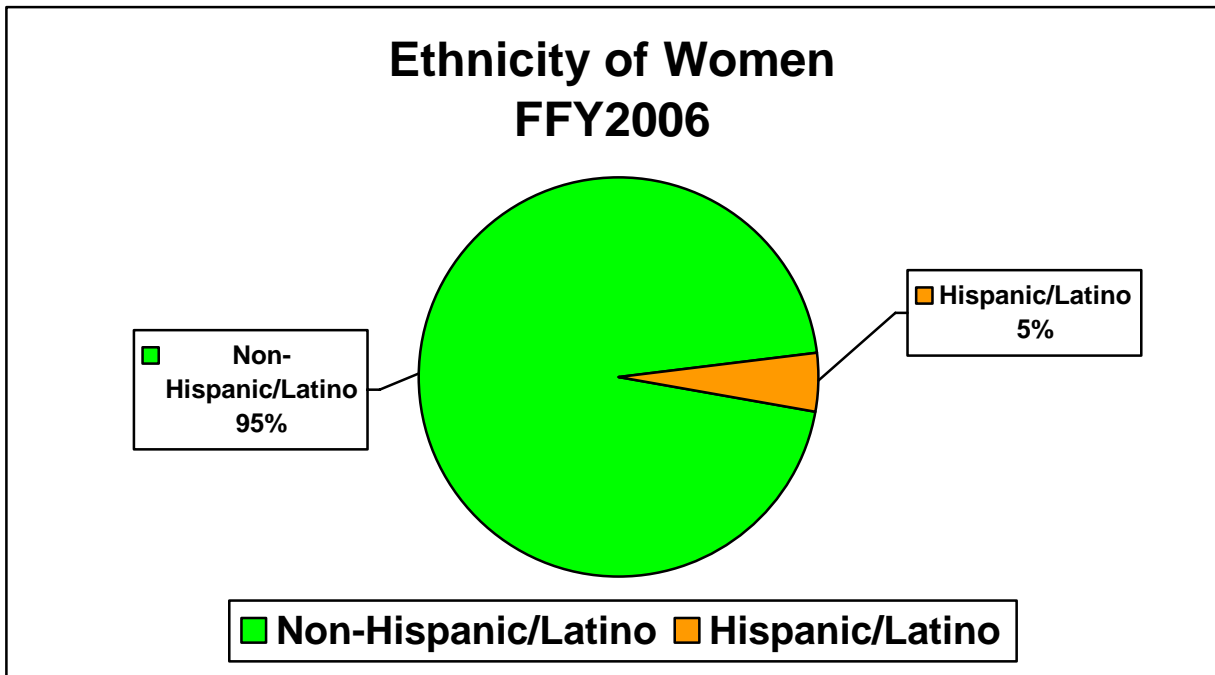
Pregnant **Breastfeeding** **Postpartum**

Characteristics of Infants FFY2006

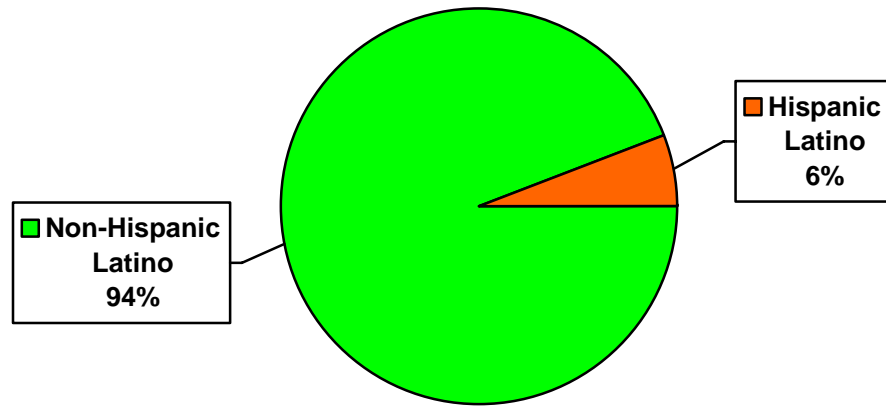


Exclusively Breastfed **Other**

Racial and Ethnic Characteristics

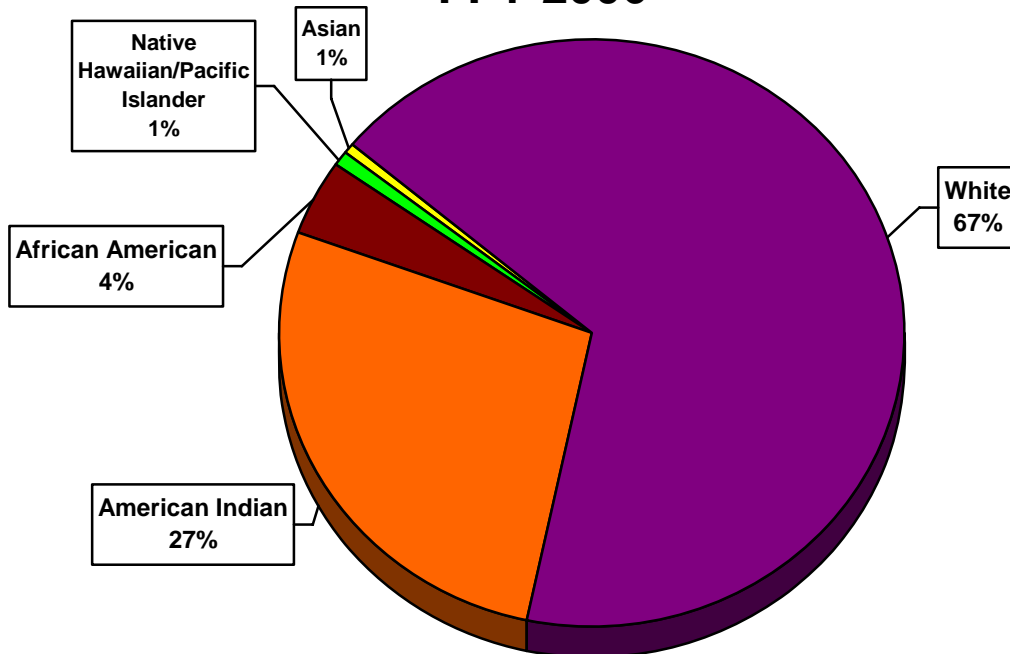


Ethnicity of Infants FFY2006

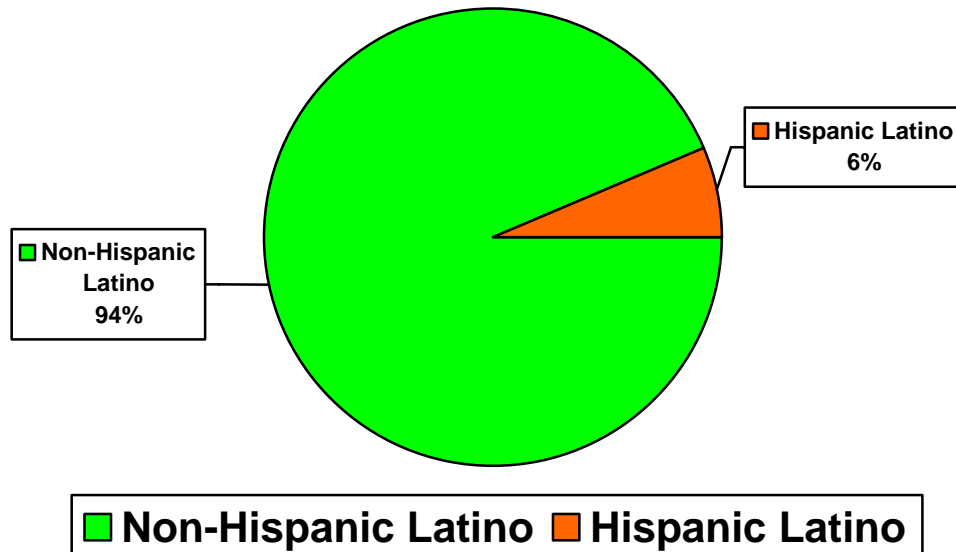


■ Non-Hispanic Latino ■ Hispanic Latino

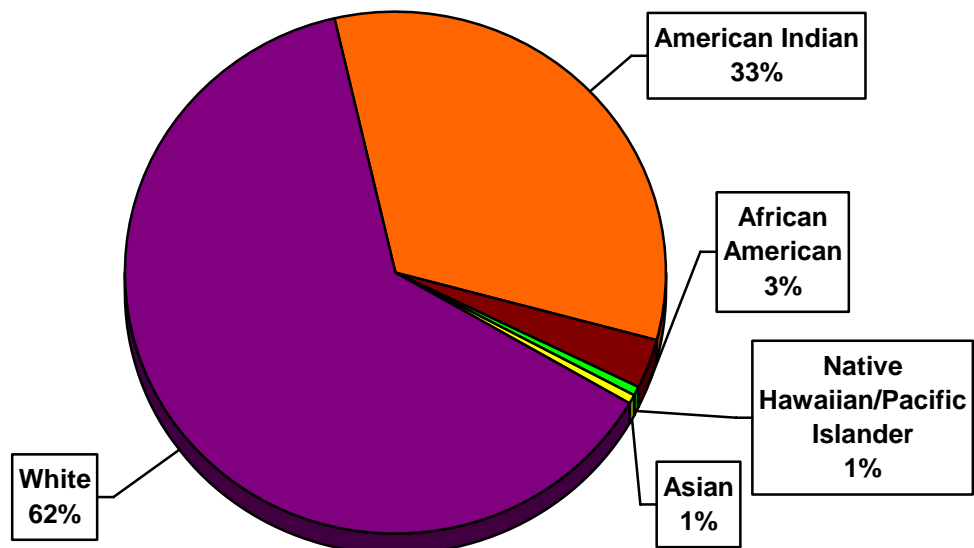
Racial Characteristics of Infants FFY 2006



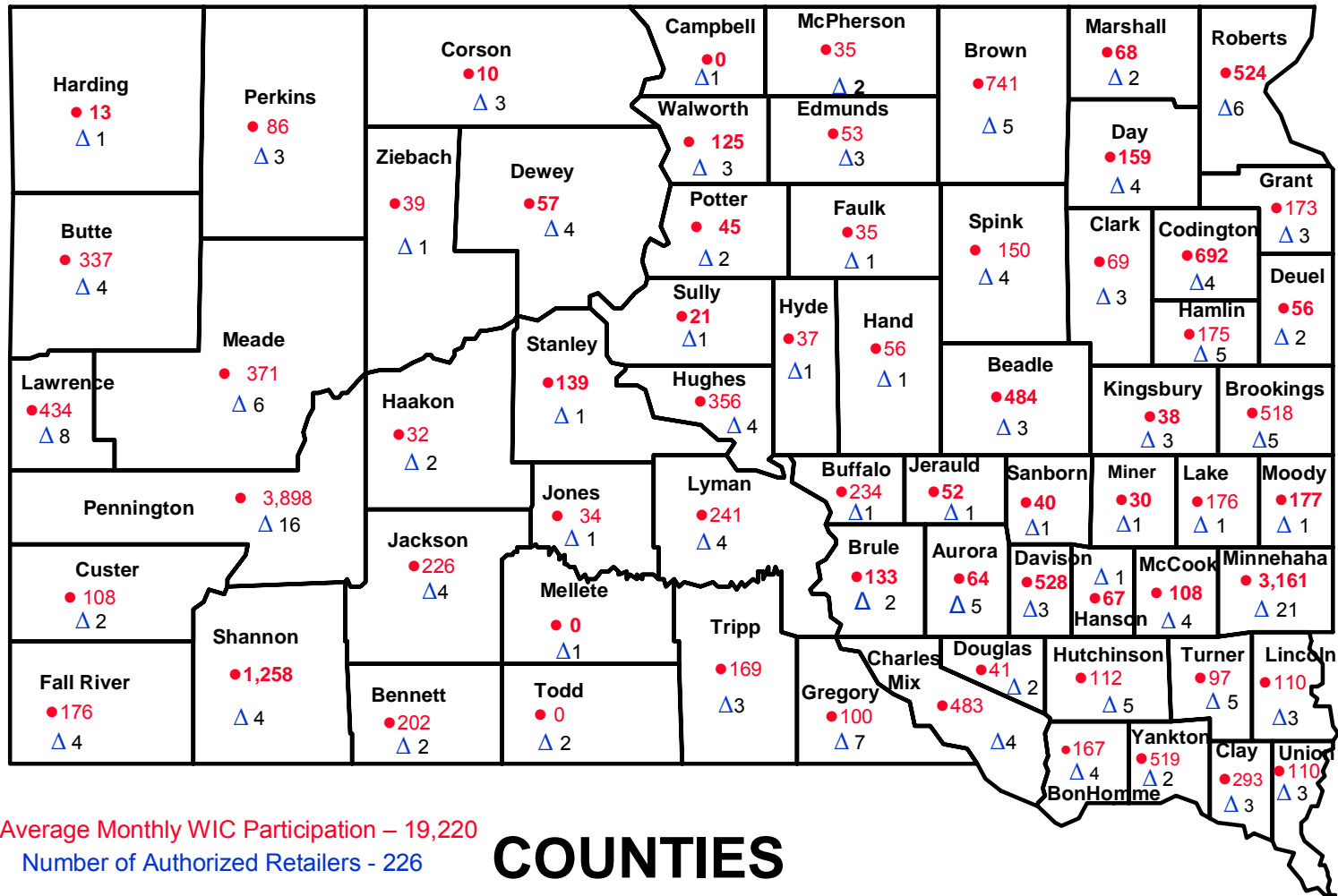
Ethnicity of Children FFY2006



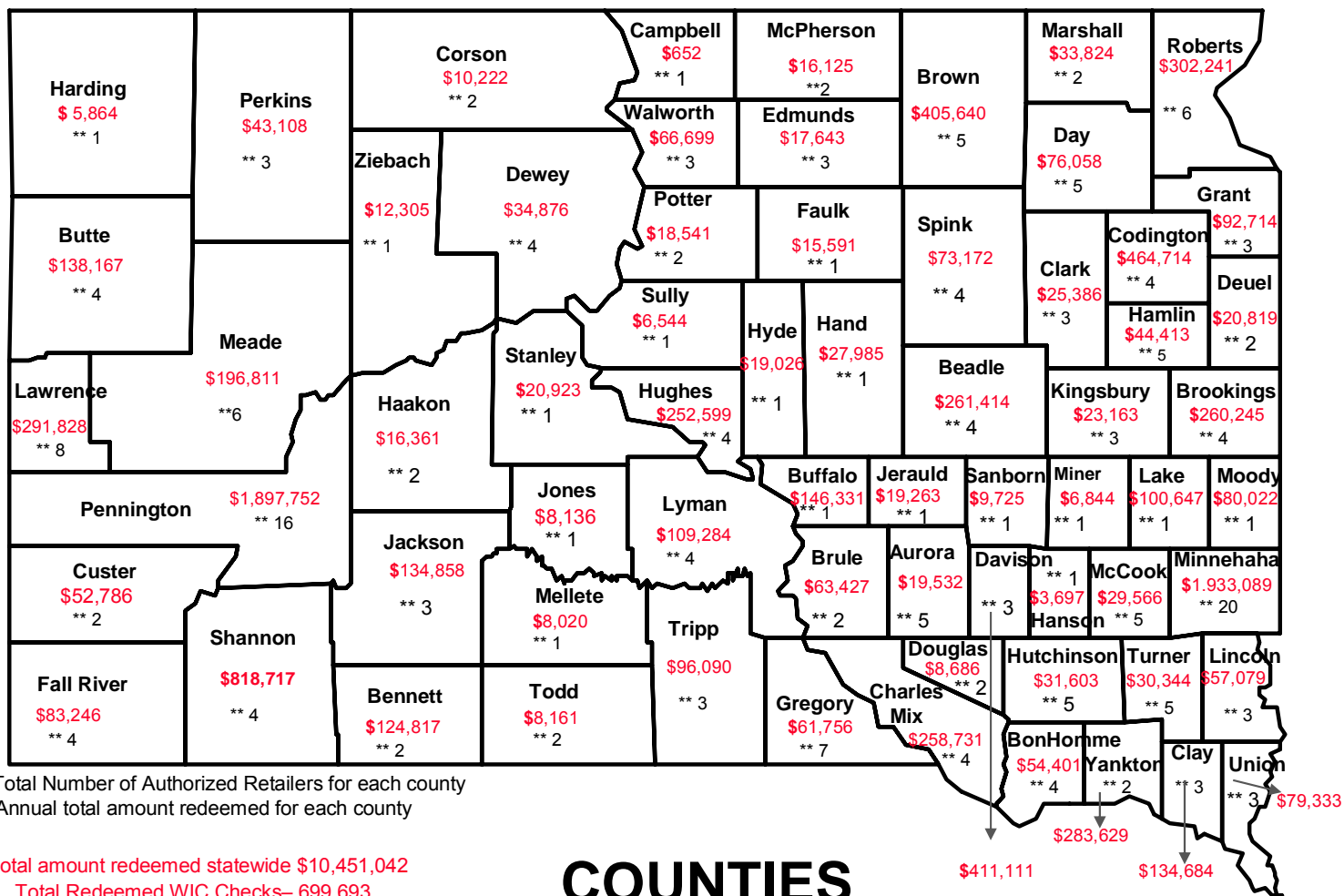
Racial Characteristics of Children FFY2006



SD WIC Program Average Monthly Participation and Number of Retailers FFY2006



SD WIC Program Annual Redeemed Amounts and Number of Authorized Retailers FFY2006



COUNTIES

FOOD PACKAGES

Food Packages are individually prescribed to WIC participants based on nutrient needs identified by the Health Professional.

WIC eligible foods are high in protein, iron, calcium and vitamins to supplement diet. The WIC foods do not provide all of the foods a WIC participant needs. The foods are intended to supplement the foods normally purchased by participants through other means.

WIC Eligible Foods

Cereal
Milk
Juice
Cheese
Eggs
Peanut Butter
Dried beans/peas
Infant Formula
Infant Cereal
Infant Juice

Enhanced Breastfeeding Women

Tuna
Carrots

Homeless Participants

Canned Beans or peas
Single strength juice

WIC participants must come to the Local Agency to receive nutrition education and WIC checks. Generally they receive checks for a two month period unless determined to be high risk or in need of special attention due to dietary risks.

WIC participants may then take the checks to any authorized WIC retailer in the State to cash the checks for the prescribed foods. No cash is transferred between the WIC participant and the WIC retailer.

GENERAL FOOD PACKAGES AND COST

Federal Fiscal Year 2006

Women					
Pregnant or Basic Breastfeeding		Enhanced Breastfeeding		Postpartum (Not Breastfeeding)	
Food	Amount	Food	Amount	Food	Amount
Milk	24 qts.	Milk	24 qts.	Milk	24 qts.
Cheese	1 lb.	Cheese	1 lb.	Eggs	1 dozen
Eggs	2 dozen	Eggs	2 dozen	Cereal	36 oz.
Cereal	36 oz.	Cereal	36 oz.	Juice-Frozen	36 oz.
Juice – Frozen	60 oz.	Juice - Frozen	60 oz.		
Peanut Butter	18 oz.	Peanut Butter	18 oz.		
		Dry Peas/Beans	1 lb.		
		Tuna Fish	26 oz.		
		Carrots	2 lbs.		
Total	43.29	Total	51.05	Total	31.99
Based on average prices from Retailer's food price list (October 2006)		Based on average prices from Retailer's food price list (October 2006)		Based on average prices from Retailer's food price list (October 2006)	

Infant		Child 1-2 Years of Age		Child 3-4 Years of Age	
Food	Amount	Food	Amount	Food	Amount
Infant Formula (powder)	9 cans	Milk	16qts.	Milk	20 qts.
Infant Cereal	16 oz.	Cheese	1 lb.	Cheese	1 pound
Infant Juice	12 – 4oz. bottles	Eggs	2 dozen	Eggs	2 dozen
		Cereal	36 oz.	Cereal	36 oz.
		Juice - Frozen	36 oz.	Juice - Frozen	36 oz.
		Dry Peas/Beans	1 lb.	Peanut Butter	18 oz.
Total	155.52	Total	30.71	Total	36.69
Based on average prices from Retailer's food price list (October 2006)		Based on average prices from Retailer's food price list (October 2006)		Based on average prices from Retailer's food price list (October 2006)	

Infants do not receive juice prior to 7 months of age.
Children 13-35 months may only receive dried peas/beans.
Children 36 months and older may receive peanut butter or dried peas/beans.

APPROXIMATE QUANTITIES OF WIC FOOD PURCHASED

October 01, 2005 – September 30, 2006

Fluid Milk	615,467	Gallons
Evaporated Milk	832	12-oz. cans
Dry Milk	1,579	Quarts
Buttermilk	599	Quarts
Goat Milk	934	Quarts
Lactose-Reduced Milk	29,795	Quarts
Acidophilus Milk	626	Quarts
Cheese	151,596	Pounds
Eggs	266,592	Dozen
Cereal	263,141	Boxes or Polybags
Frozen Juice	467,462	12 oz. cans
Canned Juice	28,046	46 oz. cans
Peanut Butter	61,439	18 oz jars
Dried Peas/Beans	57,168	Pounds
Tuna	15,547	6.5 oz cans
Carrots	7,807	Pounds
Infant Formula		
Liquid Concentrate	38,070	13 oz cans
Powdered	419,211	12, 12.8, 12.9, 14, 14.1, 14.3 or 16 oz. cans
Ready to Feed	55,821	32 oz. and 8 oz containers
Infant Juice	264,498	4-oz. bottles
Infant Cereal	55,821	8 oz boxes

ANNUAL WIC PARTICIPANT SURVEY RESULTS

December2005/January 2006

WIC completes an annual WIC Participant Survey to collect and use data to provide better services to the participants served on the program. Each year we try to ask questions about the supplemental foods, nutrition education, breastfeeding, and customer service. Some years we coordinate with the Office of Health Promotion and add questions related to their focus areas such as tobacco use or dental care. The following are the questions and results of the FFY2006 survey.

1. Would you purchase Store Brand Milk?

Yes	2,984
No	332

2. Do you always shop at the same store?

Yes	1,438
No	1,862

3. Does the grocery store ask you to show your WIC ID Pouch when you are buying your WIC foods?

Always	2,207
Sometimes	952
Never	163

4. Do you find the WIC approved food guide (Food Shopping Guide) helpful?

Yes	3,121
No	183

If No, (Check all that apply)

Too many foods items	17
Pictures are too small	952
Hard to determine size to buy	163
Foods are hard to find on guide	76
Other (please specify)	42

5. Do you find the pictures in the WIC Food Shopping Guide helpful?

Yes	3,162
No	128

6. Which nutrition materials do you find most useful?

Bulletin board displays in the WIC office	708
Pamphlets you can take home	2431
Videos	82
Recipes	1143
Other (please specify)	23

7. Have you breastfed any of your children while on WIC?

Yes	1,612
No	1,677

If Yes (Check all that apply)

I was advised by the WIC office to contact them if I had any problems	1062
I was provided the support I needed in a timely manner	965
The support I received included written information	891
The support I received included discussion with a nurse or dietitian	1056
The support I received included a manual breastpump to keep or an electric breastpump to loan	696

8. How could WIC help your family increase physical activity?

Check all that apply?

Ways to be active with your children	1,595
Low cost ways to get exercise	1127
Safe and low cost locations where you can exercise	1237
How to include activity into a busy schedule	1640
Types of activities to do	1672

9. How would you rate the services you receive from WIC?

Excellent	2,694
Good	557
Satisfactory	72
Unsatisfactory	5
Poor	2